C FINANCING STATEMENT LOW INSTRUCTIONS IAME & PHONE OF CONTACT AT FILER (optional)		Doto of Filing	. 01/22/202				
Vincenzo Paolo Bendinelli 00393476017384		Date of Filing: 01/23/2024 Time of Filing: 01:32:00 AM					
B. E-MAIL CONTACT AT FILER (optional) paolobendinelli30@gmail.com		File Number : 2024-023-3021-5 Lapse Date : 01/23/2029					
SEND ACKNOWLEDGMENT TO: (Name and Address)							
BENDINELLI VINCENZO PAOLO viale Teodorico 19 MILANO IT 20149							
				R FILING OFFICE USE			
EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, fu name will not fit in line 1b, leave all of item 1 blank, check here and provic				's name); if any part of the li atement Addendum (Form U			
1a. ORGANIZATION'S NAME							
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
BENDINELLI CESTUI QUE VIE TRUS'	T VINCEN	ZO	PAO	LO			
MAILING ADDRESS ALE Teodorico 19	MILANO)	STATE	POSTAL CODE [20149]	COUNTRY		
			and of the Debter				
EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, fu ame will not fit in line 2b, leave all of item 2 blank, check here and provided and provid				s name); if any part of the if atement Addendum (Form U			
2b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
FOURTR BARTY/O MANE							
ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE 3a. ORGANIZATION'S NAME	CURED PARTY): Pro	ovide only <u>one</u> Secured Par	ty name (3a or 3t)			
3b. INDIVIDUAL'S SURNAME	FIRST PERSON			NAL NAME(S)/INITIAL(S)	SUFFIX		
Bendinelli	Vincenzo	Paolo	Vincenzo Paolo Bendine				
	Borrzonasca		STATE	POSTAL CODE	COUNTRY		
mailing address Ocalità Casali 3		isca	0.7.12	16041	IT		
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UCC FINANCING STATEMENT ADDENDUM

Set. INDIVIDUAL'S SURNAME BENDINELLI CESTUI QUE VIE TRUST FIRST PERSONAL NAME VINCENZO ADDITIONAL NAME(S)/INITIAL(S) PAOLO, DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, ful do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) INDIVIDU	9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME						
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REAL ESTATE RECORDS (if applicable)							
5. Name and address of a RECORD OWNER of real estate described in item 16 description of real estate:		<i>'</i> —			extracted of	collateral 🔽 is filed as a	a fixture filing
		ed in item 16 16. Descri	iption of real esta				<u> </u>

4. This FINANCING STATEMENT covers the following collateral:

with

House Joint Resolution of June 5th 1933 and UCC1-103 and 1-104. Secured Party accepts Debtor signature in accord with UCC1-201(39), 3-401.

Birth Certificate Number – 77 part I series A year 1952 058091 Debtor is a Transmitting Utility.